



The Child and Adult Care Food Program (CACFP)

Training Documentation Form

CACFP Institution Name: _____

CACFP Institution Agreement #: _____

Date of Training Session: _____

Time of Training Session: _____

Name and Title of or Position of Trainer: _____

Topics Discussed: (Check all topics discussed during the training session)

_____ Meal Pattern Requirements

_____ Itemized Receipts

_____ Menus

_____ Time & Attendance Logs

_____ Meal Count Procedures

_____ Training Requirements

_____ Enrollment Statements

_____ Monitoring Requirements

_____ Income Eligibility Classifications

_____ Claim Completion Procedures

_____ Record Keeping Procedures

_____ Daily Attendance Records

_____ Other _____

Attendee Sign-In:

Name

Position Title
